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THE RURAL DISTRICT OF LODDON

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1962.



Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1962.

DISTRICT COUNCILS AND HEALTH EDUCATION.

Two dirty words explain the entire plan of campaign in the war waged by preventive medicine against social evils: Statistics and Propaganda. Even the most ardent sanitarian who takes this Report in his hand can be expected to give no more than a cursory glance at the statistical tables set out like tombstones on the final pages. It is only fair to point out that Propaganda was made honest some years ago by a change of name to Health Education.

Emotional Resistance to New Ideas.

Every item in the formidable list of public health responsibilities - from accidents to worms - carries with it the obligation to guide and warn. This sounds simple enough but in reality there are many obstacles

in the way of convincing the public of the righteousness of a public health case: dislike of officialdom and mistrust of the experts is, in these days, an accepted social attitude. Far more serious, however, is emotional and often irrational resistance to new ideas. In the remoter parts of Ireland the introduction of "summertime" was (and possibly still is) vehemently resisted; there must be no interference with "God's time". The resulting chaos was not relieved by pointing out that the face of a clock is man made. British internees in the Far East, struggling with a monotonous diet of wet rice, failed in an attempt to make digestible "bread" from ground rice. When the question of abandoning the attempt was discussed, certain elderly men insisted on continuing the "bread" ration, "because", they said, "bread is the staff of life". Thus was emotional ease gained at the price of distress and without advantage to nutritional needs. Whatever the complexities of our feelings about bread, the emotional auras associated with water are even more pronounced; this fact added to the confusion created in many minds by the cross-fire of those engaged in the fluoridation controversy makes the acceptance of the opponents slogans all too easy. Against such a background it is understandable that many fall for the cry of "mass medication" with its artful alliteration and drum beat rhythm. Looked at more closely, is the reasonable adjustment of a normal constituent of drinking water a medication?

Practical Problems.

Now come the practical problems of health education. With the exception of the excellent service for the training of mothers of infants and expectant mothers our efforts in health education tend to be spasmodic, fragmentary and unco-ordinated. There is no clear answer to the usual questions, What? Who? When? Which? and How? What are the health education duties of school nurses and medical officers as distinct from those of schoolteachers? How should these be co-ordinated and regularised into a sustained programme? Taking the whole field of educational information, in what form should this be prepared and how conveyed to the groups concerned with reasonable chance of success? Some of the relevant subjects are: Home Safety; Safety on the Broads; Safety on the Farm; Rat Control; Litter; Food Hygiene; Personal Hygiene; Dental Hygiene; The Danger of Smoking; Sex Education; Mental Health; Parent/Child Relationships; Problems of the Aged. A district council instituting a health education project requires considerable help in the form of visual aids, up-to-date literature and skilled propagandists. How may these be readily obtained from local resources and financial provision for such projects be assured?

Getting Organised.

It is to be hoped that enough has been written to make it clear that health education is an expert job requiring considerable thought and planning; that all activities in this branch of our work should be welded into one comprehensive campaign. The fact that certain local authorities have already appointed trained health education officers clearly indicates the importance of this policy. It is true that the Central Council for Health Education in London continues to give us every encouragement and help; that the Council's functions of training, production of materials and consultative works must always be invaluable. But surely there is room also for a local organisation catering for local needs?

Advisory Panel.

A possible solution is the appointment of an Advisory Panel (at county level) to include a trained Health Education Officer who, with the help of a small team, would carry out the directions of the Advisory Panel. The main tasks of the Panel would be: investigation of health subjects of importance to the public; preparation of health education programmes to cover such subjects; to form panels of regular lecturers;

provision of materials of aid to lecturers and for propaganda purposes, health exhibitions etc; to provide clear liason with district councils, voluntary organisations concerned with health education and national organisations such as the Central Council for Health Education and the Royal Society for the Prevention of Accidents; to develop the use of television, radio and newspapers as media for health education; finally, to utilise useful information and ideas fed back to the Panel by workers in the field. Briefly the Panel would provide "blue-prints" for continuous and special health education projects.

Health Education Committee.

It would be an interesting experiment to replace the Home Safety Committee and possibly the Road Safety Committee of a district council by a single Committee which could cover not only the work of both these Committees but also other practical health education work of benefit to the local population, i.e. a Health Education Committee in close touch with a county Advisory Panel as suggested in the previous paragraph.

First Step by District Councils.

The drain-and-dustbin concept of public health has gone. Problems brought about by poverty and poor environmental hygiene are rapidly disappearing and are being replaced by many new problems which cannot be satisfactorily solved without the aid of liberal health education. What contribution or new contribution can district councils give to educational programmes covering the whole field of local public health?

FLUORIDATION OF WATER SUPPLIES.

In 1962 the Ministry of Health published a Report entitled "The Conduct of Fluoridation Studies in the United Kingdom and the Results Achieved after Five Years". This Report showed the very satisfactory effect on children's teeth of the fluoridation of the water supplies in the study areas concerned; a synopsis of the Report was circulated to members of your Public Health Committee last Autumn.

In the light of this Report a Ministry of Health Circular was sent, in December, to local authorities encouraging water undertakers to adopt fluoridation as a public health policy; the details of this Circular were brought to the notice of the members of your Public Health Committee.

Like many of our best health measures fluoridation may start without great enthusiasm but it is safe to predict that time will bring acceptance and that the fluoride controversy will, in the far future, have significance only as a subject for light entertainment in that section of the Press headed, "Fifty Years Ago".

ANTHRAX IN CATTLE.

The high incidence of Anthrax in cattle caused some anxiety during the summer of 1962. The possibility of the introduction of an infected animal into a slaughterhouse or knacker's yard is of concern to the public health department because of the risk of transmission of the disease to cattle handlers and slaughtermen, not to mention the danger to the public arising from infected meat, blood or milk. The most likely cause of the disease in cattle is the ingestion of imported food-stuffs which are infected as the result of failure in sterilisation.

Legal Powers.

The County Council has powers under the Anthrax Order (Diseases of Animals Act) to enforce measures to prevent the spread of the disease. Nevertheless, many difficulties have arisen in defining the precise responsibility of the various authorities and officers concerned in an outbreak and in resolving situations in which the provisions of the Order fail to give clear direction.

Anthrax Conference.

For these reasons a Conference on Anthrax attended by representatives of all authorities concerned was convened by the County Council in October last year. The Conference concluded with recommendations regarding the following items on which action is proceeding: the role of the police officer in the event of an outbreak; action to be taken by the local public health inspector; speedy notification of cases to the medical officer of health; the advice to be given by veterinary officers to persons in charge of infected animals or carcasses; the prevention by law of the removal of a sick animal or carcass to a slaughterhouse or knacker's yard unless certified to be free from Anthrax infection; compensation for carcasses and other materials which, as the result of contact, may be infected and have to be destroyed; appropriate information to be given to general practitioners on the treatment of human contacts; the education of stock owners and persons in the charge of stock in the early recognition of Anthrax infection.

Human Infection with the Anthrax Bacillus.

The possibility of human infection with the Anthrax bacillus is not considerable, and penicillin is an effective treatment. More information on the incidence of the disease is available since Anthrax became a notifiable disease in December 1960. There were eight such notifications in England and Wales during 1961. The Chief Medical Officer of the Ministry of Health makes the following comment on these cases:-

"Of these, four would not hitherto have been drawn to the attention of H.M. Inspector of Factories. One patient was unemployed and tended his allotment where he used bone meal as a fertiliser. Bone meal samples in this instance were negative; but later in the year another patient contracted the disease after laying turf for a sports firm contractor - and in this instance samples of the raw bone meal fertiliser used yielded *Bacillus anthracis*. One of the two remaining cases was a general practitioner who kept his own stables. The other was a manual labourer whose only relevant history was close association with a friend who worked in a tannery".

IMPORTED DISEASE.

No excuse is offered for reproducing the following section from my Annual Report for 1960:-

As international transport is speeded up we become more vulnerable to imported disease. Typhoid fever may not be very prevalent but no less than one third of the cases notified in this country in 1959 occurred in patients who contracted the disease while abroad. In this connection the official memorandum "Notice to Travellers" which advises on vaccination against the typhoid fevers assumes a special importance.

SAVING OF CHILD LIVES.

Because of the great reduction in mortality from common infections among children (between their first and 15th birth days) 9,500 lives have been saved annually during the last 30 years or so - that is, since effective new drugs and prophylactic procedure have come into use. (Extract from British Medical Journal, January 19th, 1963).

The following table of notifications shows the declining trend in common infections in England and Wales during recent years.

<u>Year</u>	<u>Diphtheria</u>	<u>Scarlet Fever</u>	<u>Tuberculosis</u>	<u>Whooping Cough</u>	<u>Polio</u>
1940	46,280	65,302	46,572	53,607 (173,330 in 1941)	1,079
1960	49	32,166	23,605	58,030	378
1961	180	20,109	22,069	24,688	1,086
1962	62	15,265	20,735	8,341	325

EXTRACT FROM THE MINISTRY OF HEALTH REPORT FOR THE YEAR 1958.

"However the public health service may develop in the years ahead, this much is certain: one of the most valuable contributions which it can make in its task for the promotion of health and the protection of the community against disease is the development and expansion of health education on a firmer and sounder basis than hitherto".

SUMMARY OF HEALTH OF LODDON DISTRICT DURING 1962.

The population of Loddon District at mid-year 1962 was estimated at 12,260. The corrected birth rate (16.3) was lower than that of England and Wales (18.1); the corrected death rate (10.6) was also lower than the death rate for England and Wales (11.9).

The infant mortality rate (16.3) compared favourably with the rate for England and Wales as a whole (21.4).

Of the 109 notified cases of infectious diseases, 84 were recorded as measles. Whooping cough accounted for 5 notifications and scarlet fever, 6 notifications. There were 11 notifications of pneumonia. There were no recorded cases of diphtheria, poliomyelitis, dysentery, food poisoning or tetanus. One case of paratyphoid fever was notified. All the evidence pointed to the fact that the infection occurred outside the District. All necessary precautions were taken to prevent any spread of the infection.

The tables in the latter part of this report provide detailed statistical information concerning the health of the District and are designed, for the most part, to meet the requirements of the Ministry of Health.

STAFF

Mr. K.S. Starling, C.R.S.I., M.S.I.A., M.I.H., assisted by Mr. R.W. Garrood, M.R., San.I., R.S.I.A., continued duties as Public Health Inspectors throughout the year.

VITAL STATISTICS

(a) The Registrar General estimated the mid-year population of Loddon Rural District, in 1962, at 12,260. The Census figure (April 1961) was 12,110. The estimated population in 1961 was 12,220.

(b) Births

There were 184 live births during 1962; 94 boys and 90 girls. The crude birth rate was 15.0 compared with 14.2 in 1961. There were 14 illegitimate births compared with 4 in 1961; the next highest number to this record figure is 13 illegitimate births in 1956.

(c) Deaths

Deaths numbered 144 compared with 137 in 1961; the crude

death rate was, therefore, 11.7 compared with 11.2 in 1961. There were only twelve deaths of persons under 50 years of age (including three infants deaths). The greatest number of deaths (88) occurred in the age group 70-89 years. There were five deaths in the 90-100 age group.

The principal cause of death was from diseases of the heart and circulation (86); deaths from cancer were 23; there were 3 deaths from accidents, of which one was caused by a motor vehicle. There were no deaths from suicide.

(d) Infant Mortality

The infant mortality rate for Loddon District (deaths of infants under one year per 1,000 live births) was 16.3. The rate for England and Wales was 21.4. There were three infant deaths, two were the result of congenital malformations and one from pneumonia.

COMMUNICABLE DISEASES

One hundred and nine cases of communicable diseases (excluding tuberculosis) were notified by general practitioners during 1962; of these, 84 were notified as measles. Of the remaining notifications, 5 were whooping cough and 6 scarlet fever; there was one case of paratyphoid fever to which reference has been made earlier in this Report. There were no reported cases of diphtheria, poliomyelitis, dysentery, tetanus or food poisoning. Diphtheria has lost its menace but there are still small pockets of resistance in some of the thickly populated areas of England; scarlet fever continues to present itself in a mild form; by reason of immunisation, whooping cough cases are masked and usually free from dangerous complications but it is still a serious disease in the very young unimmunised child. There was only one case (non-fatal) of tetanus throughout the administrative County in 1962.

POLIOMYELITIS

No cases were notified in Loddon District or in the administrative County of Norfolk during 1962. Routine vaccination continued throughout the year and this work included the provision of adult vaccination sessions held at your Council offices at Loddon. There were four sessions and the attendances made the project well worthwhile. Oral vaccination is readily available in Britain and is now the popular procedure; the use of this method has shown no disadvantages, the advantages are obvious and the efficiency higher than the Salk (injection) type vaccine.

TUBERCULOSIS

Three cases were notified in Loddon District during 1962; this compares with four cases in 1961 and two in 1960. Preventive measures against tuberculosis include:- examination of close contacts of cases; prolonged supervision over apparently cured cases; vaccination of school leavers and search for early cases by mass X-ray surveys.

It must not be forgotten that the work of the Council in providing good housing and improved environmental sanitation contributes to the decline in tuberculosis and other communicable diseases. Since 1952 the death rate from respiratory tuberculosis in England and Wales has fallen by 72%.

CANCER

The number of cancer deaths in Loddon District was twenty-three (the same number as in 1961), or 16.0 per cent of the total deaths. Of the total cancer deaths, five were caused by lung cancer (four males and one female). Table 14 shows the District record for all cancer deaths and lung cancer deaths during the past five years. Cigarette smoking as a cause of lung cancer continues to be given wide publicity. The national death rate from lung cancer continues to soar but this cannot be said of the Rural District of Loddon.

HOUSING

Details of action under this heading are contained in the appended Report of the Public Health Inspector.

Grouped Homes for the Elderly.

The Annual Report of the Warden on his duties at the grouped homes for the elderly at Ditchingham again demonstrates the social usefulness of this scheme.

Throughout a record hard winter the Warden and his wife were able to give very valuable assistance to the old folk. There were about thirty bell calls, several from those who had fallen and could not get up without assistance. There were two deaths of tenants in the 80-90 age group. The visitors bedroom attached to the common room was in use on five occasions during the year.

Frequent social activities in the common room gave much pleasure to the old folk and supplied ample proof of the success of bringing social opportunities into the quiet simple lives of the tenants. Some of the tenants come from isolated cottages; it can be well understood how much they appreciate the pleasure of the unaccustomed social life.

Construction of a similar grouped-homes scheme for Loddon began towards the end of the year. Lay-out plans for a third scheme at Brooke were under consideration together with a proposal for a fourth grouped-dwellings unit at Geldeston.

WATER SUPPLIES

Bacteriological and chemical examinations of your Council's water supply continued to give satisfactory results throughout the year.

Further information under this heading is contained in the Public Health Inspector's Report (appended).

SEWAGE DISPOSAL SCHEMES

Throughout the year work continued on the Kirby Cane - Ellingham - Gillingham Sewerage scheme. Proposals for a sewerage scheme for the Norton - Thurlton areas was also under consideration.

The Public Health Inspector in his report (appended) draws attention under "Sewage Disposal" to the fact that only one sewage works attendant is employed in the maintenance of all the main sewage works and pumping stations. I strongly support his view that further provision should be made for maintenance staff by reason of the increasing load on sewers and sewage works.

CONCLUSION

In conclusion I should like to thank the Chairman of the Council and the Chairman and members of the public Health Committee for their continued support and kindness. I wish also to thank the Clerk of the Council, the Public Health Inspectors and the Council staff for the generous help they have given me throughout the year. Finally I am very grateful to the Senior Clerk and staff in the Norwich office for their loyalty and efficiency at all times and for the considerable work carried out in preparation of Annual Reports.

I have the honour to be,

Your obedient servant,

W.E. Holmes.

Local Health Office,
Aspland Road,
Norwich.

LODDON RURAL DISTRICT

Table 1. GENERAL STATISTICS

Area (in acres)	60,406
Estimated Resident Population	12,260
Rateable Value	£90,220
Sum produced by a Penny Rate	£352

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	90	80	170
Illegitimate	4	10	14
Totals	94	90	184

Live Birth Rate per 1,000 of estimated Resident Population = 15.0

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	4	1	5
Illegitimate	-	-	-
Totals	4	1	5

Still Birth Rate per 1,000 total births = 26.5

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	94	90	184
Still	4	1	5
Totals	98	91	189

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	-	2	2
Illegitimate	-	1	1
Totals	-	3	3

Infant Mortality Rates:

Total = 16.3 (per 1,000 live births)
 Legitimate = 11.6 (per 1,000 legitimate births)
 Illegitimate = 71.4 (per 1,000 illegitimate births)

(b) Neo-Natal Mortality (Deaths of Infants during first four weeks)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Neo-Natal Mortality Rate (per 1,000 live births = 5.4 .

(c) Early Neo-Natal Mortality (Deaths of Infants under 1 week)

	Males	Females	Total
Legitimate	-	-	-
Illegitimate	-	-	-

Early Neo-Natal Mortality Rate (per 1,000 live births) = Nil

(d) Perinatal Mortality (Still births and deaths under 1 week)

	Males	Females	Total
Legitimate	4	1	5
Illegitimate	-	-	-

Perinatal Mortality Rate (per 1,000 total births) = 26.4

Table 6. ILLEGITIMATE BIRTHS

Males - 4. Females - 10. Total - 14 = 7.6% of Total Live Births

Table 7. MATERNAL DEATHS (including abortion) = Nil

Maternal Mortality Rate (per 1,000 total births) = Nil

Table 8. DEATHS (All ages)

Males	Females	Total
85	59	144

Crude Death Rate (per 1,000 of estimated Resident Population) = 11.7

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

	Males	Females	Total
Pneumonia	-	1	1
Congenital Malformations	-	2	2
Totals	-	3	3

Table 10. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR *
(According to Age Groups)

	Males	Females	Total
Under 1 year.	-	3	3
1 and under 5	1	1	2
5 " " 10	-	-	-
10 " " 20	-	1	1
20 " " 30	1	1	2
30 " " 40	1	-	1
40 " " 50	2	1	3
50 " " 60	8	4	12
60 " " 70	21	5	26
70 " " 80	29	18	47
80 " " 90	19	22	41
90 " " 100	1	4	5
Totals	83	60	143

* It is pointed out that there is a discrepancy between the total number of deaths recorded in this table which is based on actual death notifications received and those of Tables 8 and 11 which are compiled from information given by the Registrar-General.

Table 11. CAUSE OF TOTAL DEATHS (Registrar-General)

Cause	Males	Females	Total
1. Tuberculosis, respiratory.	2	-	2
2. Tuberculosis, other.	-	-	-
3. Syphilitic disease.	-	-	-
4. Diphtheria.	-	-	-
5. Whooping Cough.	-	-	-
6. Meningococcal infection.	-	-	-
7. Acute poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other infective and parasitic diseases.	-	-	-
10. Malignant neoplasm, stomach.	3	1	4
11. Malignant neoplasm, lung, bronchus.	4	1	5
12. Malignant neoplasm, breast.	-	1	1
13. Malignant neoplasm, uterus.	-	1	1
14. Other malignant and lymphatic neoplasms.	8	4	12
15. Leukemia, Aleukemia.	-	-	-
16. Diabetes.	-	-	-
17. Vascular lesions of nervous system.	10	11	21
18. Coronary disease, angina.	22	13	35
19. Hypertension with heart disease.	-	2	2
20. Other heart diseases.	16	6	22
21. Other circulatory diseases.	2	4	6
22. Influenza.	-	-	-
23. Pneumonia.	5	5	10
24. Bronchitis.	4	1	5
25. Other diseases of respiratory system.	-	1	1
26. Ulcer of stomach and duodenum.	-	1	1
27. Gastritis, enteritis and diarrhoea.	-	-	-
28. Nephritis and nephrosis.	1	-	1
29. Hyperplasia of prostate.	-	-	-
30. Pregnancy, childbirth and abortion.	-	-	-
31. Congenital malformations.	1	3	4
32. Other defined and ill-defined diseases.	5	3	8
33. Motor vehicle accidents.	1	-	1
34. All other accidents.	1	1	2
35. Suicide.	-	-	-
36. Homicide and operations of War.	-	-	-
Totals	85	59	144

Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1956	1957	1958	1959	1960	1961	1962
<u>Live Births (per 1,000 pop)</u>	(191)	(172)	(174)	(178)	(171)	(174)	(184)
Loddon R.D.	14.9	13.5	13.6	14.0	13.5	14.2	15.0
Area 5.	14.2	13.3	14.9	13.7	14.1	14.2	13.9
England & Wales (provisional)	15.7	16.1	16.4	16.5	17.1	17.4	18.0
<u>Still Births (per 1,000 total births)</u>	(7)	(6)	(3)	(4)	(2)	(1)	(5)
Loddon R.D.	35.3	33.7	16.9	22.0	11.6	5.7	26.5
Area 5.	23.7	22.0	9.9	19.9	20.7	8.9	21.4
England & Wales (provisional)	23.0	22.4	21.6	20.7	19.7	18.7	18.1
<u>Crude Deaths (per 1,000 pop)</u>	(143)	(140)	(133)	(152)	(130)	(137)	(144)
Loddon R.D.	11.2	10.9	10.4	11.9	10.2	11.2	11.7
Area 5.	11.4	11.1	12.1	12.4	11.8	12.4	12.1
England & Wales (provisional)	11.7	11.5	11.7	11.6	11.5	12.0	11.9
<u>Infant Mortality (per 1,000 live births)</u>	(2)	(2)	(1)	(5)	(2)	(1)	(3)
Loddon R.D.	10.5	11.6	5.7	28.0	11.7	5.7	16.3
Area 5.	20.8	15.0	8.3	25.4	14.1	9.0	14.5
England & Wales (provisional)	23.8	23.0	22.5	22.0	21.7	21.4	21.4

NOTE: 1. Figures in brackets are the actual numbers for Loddon R.D.

2. Area 5 comprises Depwade & Loddon R.Ds., and Diss & Wymondham U.Ds.

Table 13. DEATHS DUE TO CANCER - Loddon R.D.

	1956	1957	1958	1959	1960	1961	1962
Number of deaths.	15	16	19	34	23	23	23
Percentage of total deaths.	10.5	11.4	14.3	22.4	17.7	15.3	16.0

Table 14. CANCER DEATHS DURING LAST FIVE YEARS - Loddon R.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1962	85	15	4	59	8	1
1961	67	12	6	70	11	1
1960	67	10	2	63	13	-
1959	75	17	7	77	17	-
1958	75	9	3	58	10	1
Totals	369	63	22	327	59	3

Table 15. NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) ACCORDING TO AGE GROUPS - Loddon R.D.

	Under 1	1 - 4 yrs.	5-14 yrs.	15-24 yrs.	Over 25	Total
Scarlet Fever	-	3	3	-	-	6
Measles	-	24	60	-	-	84
Whooping Cough	1	1	3	-	-	5
Pneumonia	-	-	1	1	9	11
Infective Jaundice	-	-	-	-	1	1
Puerperal Pyrexia	-	-	-	-	1	1
Poliomyelitis	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	1	-	1
Totals	1	28	67	2	11	109

Table 16. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) DURING LAST FIVE YEARS - Loddon R.D.

	1958	1959	1960	1961	1962
Scarlet Fever	23	30	20	14	6
Measles	157	36	13	429	84
Whooping Cough	7	12	4	21	5
Pneumonia	12	13	12	1	11
Infective Jaundice	1	1	5	2	1
Erysipelas	1	1	5	1	-
Dysentery (Sonne)	-	9	7	-	-
Food Poisoning	3	3	-	2	-
Puerperal Pyrexia	1	4	1	4	1
Poliomyelitis	-	-	-	-	-
Acute Encephalitis (post infectious)	-	1	-	-	-
Meningococcal Infection	-	-	-	1	-
Paratyphoid Fever	-	-	-	-	1
Totals	205	110	67	475	109

Table 17. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS Loddon R.D.

	1958	1959	1960	1961	1962
Pulmonary					
Male	1	2	1	1	2
Female	2	-	-	2	1
Non-Pulmonary					
Male	-	-	1	1	-
Female	-	-	-	-	-
Loddon R.D. Total	3	2	2	4	3
Area 5. Total	8	7	13	12	8

Table 18. DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last five years in respect of Area 5.

	Primary Injections			Booster Injections	
	Under 1	Total Under 5	Age 5-14	Under 5	Age 5-14
1962	155	448	28	48	304
1961	295	498	157	89	766
1960	357	472	314	27	1,233
1959	302	466	23	20	74
1958	283	401	60	28	416

Table 19. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the last five years resident in the District and Area 5, are shown in the following table.

	Loddon R.D.					Area 5.				
	1958	1959	1960	1961	1962	1958	1959	1960	1961	1962
Number of live births registered.	174	178	171	174	184	599	551	567	556	550
Number of vaccinations recorded (0-4 years).	156	140	170	158	145	445	472	508	458	420
Percentage vaccinated.	90	79	100	80	79	74	86	89	82	76

Table 20. VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and booster injections given in Area 5 since the scheme commenced.

	Primary			Booster (3rd)			Booster (4th)
	Age 0-4	Age 5-14	Adults	Age 0-4	Age 5-14	Adults	Age 5-11
1962	431	168	1,510	524	427	2,091	453
1961	601	535	2,068	427	228	824	3,017
1960	397	227	853	660	566	1,636	-
1959	593	677	2,220	1377	3,261	864	-
1958	1,648	3,159	154	32	1,284	2	-
1957	197	1,115	-	-	-	-	-
1956	40	121	-	-	-	-	-

ANNUAL REPORT OF THE
SENIOR PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1962.

Farthing Green House,
Loddon,
Norwich, Nor. 23W.

To the Chairman and Members of the
Loddon Rural District Council.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report
for the year ending 31st December, 1962.

H O U S I N G

(a) New Dwellings.

The number of new dwellings constructed during the
year is shown in the table below :-

Type of dwelling.	Council.	Private.	Total.
Bungalows.	9	55	64
Houses.	Nil	5	5
TOTAL :	9	60	69

During the ten year period 1953 to 1962, 569 new
dwellings have been constructed, an annual average of 57.
The total is made up of 241 constructed by the Council and
328 by private developers.

As predicted in my Annual Report of 1961 the
number of completed dwellings has increased this year, and
as figures show this is an increase of 38 per cent, a
record for the district. It is difficult to see this
total being exceeded in the future, unless by "overspill"
development.

Although mortgage rates are on the decrease, the
building boom in this part of East Anglia appears to be over
for the present time, and some site developers are having
difficulty in selling speculative dwellings. It is to be
hoped that the industry can now settle down to a steady rate
of building, and that there is an improvement in the ratio
of houses to bungalows. Local figures for the area have
shown in increasing decline in the annual number of houses
built. The average modern dwelling is becoming smaller and
one wonders at what size a halt will be called.

These living units may well be the cause of
trouble in the future. Too much stress appears to be
paid to fitting out dwellings with luxury items and not
enough attention to living space. A small modern bungalow
well equipped may be a "love nest" for a young couple but
when there is a family of two or more children, living
problems are bound to occur, by virtue of lack of storage
space, and the necessary living area required for a family.

(b) Old Dwellings.

Still further encouragement has been received from the Government for the modernisation of old property. New practise notes on improvement grants have been issued by the Ministry of Housing and Local Government, and lately a request from the Ministry for greater publicity of the grant system. In the Loddon area there is no parish that has not had property improved, and all the local builders have had experience of modernisation of dwellings under grant schemes. The types of grant remain the same :-

- (i) Standard Grants - maximum of £155 for the five amenities of bath, basin, water closet, hot water system and larder.
- (ii) Discretionary Grants - a maximum of £400 for the complete modernisation of a building, including conversion.

During the year the following figures were recorded :-

STANDARD GRANTS.

No. Received.		No. Approved.		No. Completed	
Owner/Occ.	Tenant	Owner/Occ.	Tenant.	Owner/Occ.	Tenant.
19	6	19	6	15	10
TOTAL	25	25		25	

The number of applications has increased slightly over the previous year, and for the first time the number of owner/occupied house applications has exceeded those for tenanted houses. This is also true in respect of those completed.

DISCRETIONARY GRANTS.

	No. Received.		No. Approved.		No. Completed.	
	Owner/Occ.	Tenant.	Owner/Occ.	Tenant.	Owner/Occ.	Tenant.
Improvements	15	19	15	19	17	22
	34		34		39	
Conversions.	2	3	2	3	Nil	2
	5		5		2	
Totals	39		39		41	

(b) Old Dwellings continued

The number of applications has increased over the previous year, and the number of tenanted house applications is still greater than those for owner occupied houses. This is also true in respect of those completed.

Action taken in respect of old property.

Visits and inspections	97
Houses demolished	26
Undertakings and orders	9
Houses repaired	54

(c) Overcrowding.

There were no cases of overcrowding reported or investigated during the year.

(d) Verminous and other Infested Premises.

Four cases were reported and treated. This does not refer to infestations by rats and mice; these are dealt with under the Rodent Control section.

(e) Moveable Dwellings.

The annual survey was carried out in August for the County Planning Department as usual.

There are three licensed caravan sites in the area, each limited to a specific number of holiday caravans, during the summer months.

Number of individual licensed caravans	14
Number of Visits	44

WATER SUPPLIES.

(a) Rainfall.

The figure for the Loddon area was 18.56 inches. This was a serious drop over the previous year when the figure was 27.22 inches. This compares with the Norfolk average of 24.66 inches over the last 25 years. In 1960 the Loddon figure was 30.81 inches.

(a) Rainfall continued

Rainfall in the Loddon area for 1961.

Month.	Monthly rainfall in inches.	Total rainfall for year in inches.
January.	1.90	1.90
February.	1.30	3.20
March.	1.08	4.28
April.	1.55	5.83
May.	1.33	7.16
June.	0.27	7.43
July	2.31	9.74
August.	1.41	11.15
September.	2.20	13.35
October.	0.75	14.10
November.	2.82	16.92
December.	1.64	18.56

Loddon-Rain Station.

(b) Public Water Supplies.

The district continues to be supplied with mains water from :-

- (i) Norwich Waterworks, source River Wensum via the water tower at Yelverton - 20,000 gallons capacity, the water tower at Loddon Ingloss - 245,000 gallons capacity and the Booster main via Brooke. This water supplies the whole area apart from the six southern parishes.
- (ii) Bungay Headworks on Outney Common via the steel water tower at Ditchingham - 90,000 gallons capacity. This serves the southern parishes of the district - Ditchingham, Broome, Kirby Cane, Ellingham, Geldeston and Gillingham.

The number of connections to the water mains during the year was 156. The figures for the respective parishes will be found on page 5

The East Anglian Water Company has taken over all the water works and distribution of water mains in the North east of Suffolk. A trial bore has been sunk in the Broome Marshes and test pumping carried out.

The County Public Health Engineer is investigating peak demands and shortage during summer months. Particular attention is being paid to the metered supplies of small-holdings and market gardens.

63 Bacteriological samples were taken and submitted for examination, 62 of which were highly satisfactory.

PARISH.	Total Meters.	Total Dom.	Total to date.
ALDEBY.	27	81.	108
ALPINGTON.	11	46	57
ASHBY ST. MARY.	8	17	25
BEDINGHAM.	18	28	46
BERGH APTON.	24	105	129
BROOKE.	34	214	248
BROOME.	17	85	102
BURGH ST. PETER.	9	45	54
CARLETON ST. PETER.	2	3	5
CHEDGRAVE.	7	116	123
CLAXTON.	3	27	30
DITCHINGHAM.	30	306	336
ELLINGHAM.	15	75	90
GELDESTON.	21	93	114
GILLINGHAM.	16	88	104
HADDISCOE.	24	93	117
HALES.	14	85	99
HECKINGHAM.	13	30	43
HEDENHAM.	20	51	71
HELLINGTON.	2	15	17
HOWE.	4	13	17
KIRBY CANE.	24	71	95
KIRSTEAD.	12	38	50
LANGLEY.	14	74	88
LODDON.	77	384	461
MUNDHAM.	14	24	38
NORTON.	21	52	73
RAVENINGHAM.	19	57	76
SEETHING.	20	74	94
SISLAND.	1	1	1
STOCKTON.	10	18	28
THURLTON.	19	62	81
THURTON.	13	69	82
THWAITE.	12	18	30
TOFT MONKS.	13	75	88
TOPCROFT.	20	49	69
WHEATACRE.	8	20	28
WOODTON.	31	97	128
YELVERTON.	12	22	34
TOTAL:	659.	2,820.	3,479.

(c) Well Water Samples.

31 Well water samples were taken for bacteriological examination, 21 of which were satisfactory and 10 were unsatisfactory.

The action taken in respect of the unsatisfactory samples was as follows :-

- 1 well cleaned out.
- 5 wells closed and notices served on owners to provide mains water.
- 15 houses connected to the water main.
- 2 cottages closed.
- 3 stand pipes provided.

SEWAGE DISPOSAL.

Existing Plants.

There are three main sewage works in the area :-

- (a) Loddon and Chedgrave.
- (b) Brooke.
- (c) Ditchingham and part Broome.

Under Construction.

Two further village schemes are in process of construction :-

- (a) Ellingham and Kirby Cane.
- (b) Gillingham.

Future Schemes.

A priority list for the remainder of the district has been prepared and agreed by the Council. The scheme for Norton and Thurlton has been prepared and is under consideration by the Ministry and awaits approval. The next schemes for preparation are as follows, but it must be realised that the development taking place in certain parishes exceeding the anticipated construction may result in alteration to the order of priority.

Future Schemes

continued

- | | |
|----------------------------|---------------------------|
| 1. Thurton) | 9. Seething. |
| Ashby St.Mary (part)) | |
| 2. Hales.) | 10. Bedingham (part)) |
| Heckingham.) | Hedenham) |
| | Kirstead) |
| | Topcroft) |
| 3. Woodton.) | |
| Bedingham (part)) | 11. Ashby St.Mary(part) |
| | Claxton. |
| 4. Alpington.) | |
| Yelverton.) | 12. Bergh Apton(part)) |
| Bergh Apton (Part)) | Hellington) |
| | (Bell area only) |
| 5. Geldeston.) | |
| | 13 Toft Monks. |
| 6. Broome.) Remaining | |
| Ellingham.) part of these | 14. Raveningham. |
| | parishes |
| 7. Haddiscoe.) | 15. Langley-with-Hardley. |
| | |
| 8. Aldeby.) | |
| Burgh St.Peter.) | |
| Whcatacre.) | |

In view of the fact that there are many small hamlets and groups of houses which could never normally become part of a main scheme, certain investigations were carried out to develop a specialised type of pumping unit. This unit was constructed by a specialist firm and field trials were carried out in Loddon. The Macerator-Unit Pump was installed at Knapps Bridge Pump Station, Loddon. The sewage solids having been reduced were then pumped over half a mile through a 1½" polythene tube to the sewage treatment works. The prototype was on test for about five months and since that time the company has gone into production with this new principle of sewage pumping.

Housing Plants.

Thirty six smaller plants serve groups of Council Houses where no village scheme exists. As and when village plants and sewers are constructed, they are automatically incorporated into such schemes.

Septic Tanks.

The installation of septic tanks is still a necessity for a large number of new dwellings, but as these are invariably in village confines, they can be adapted to a main sewerage scheme at a later date. The Planning and Byelaw Committee approved Village Control Maps for the area, which have been produced by collaboration between the various departments of the County Council and your own Local Authority. Obviously there has to be a close relationship between possible village growth and the economic aspect of providing main services to these rural communities, the most important and expensive being sewerage.

The discharge of crude sewage into the rivers by holiday craft is an increasing problem particularly at moorings. Investigation into this problem has been advocated many years ago by my department, but the increase in the number of craft has brought the matter to a head when urgent attention is required. The problem has been tackled on the Thames above Teddington Weir, and it seems incredible that similar methods cannot be applied in Norfolk.

SEWAGE DISPOSAL

continued .

The septic tank emptying service and night soil collection service (in Loddon/Chedgrave and Ditchingham) continued satisfactorily. One attendant with a 1000 gallon tanker carried out these duties.

Details of septic tank emptying are as follows :-

Type of Work.	Number of Loads.
Private Tanks.	523.5
Housing Sewage Plants.	266.5
Miscellaneous Work.	140
TOTAL :	930.0

This is approximately 930,000 gallons or a monthly average of 77,500 gallons and an annual increase of 126,000 gallons. This compares with a total of 537,500 gallons in 1958 which was the first complete year of operation. It is possible that the peak figure has been reached, any new tank installation will be balanced by the new sewage plants to be put in operation during 1963.

Generally.

Bad weather delayed the start on construction of the sludge drying beds at Brooke and Loddon which should be completed by mid summer 1963.

One sewage works attendant maintains the three sewage works, eight pumping stations and the Public Conveniences.

It is impossible for satisfactory maintenance for one man to look after all the existing works. In order to produce a good effluent, operations of desludging, recirculation of supernatant water, constant attention to sludge beds, balancing tanks, detritus tanks and sprinkler arms, have to be carried out more regularly. Inclement weather also has a bearing on maintenance. Summer months necessitate attention to grass mowing, weed killing and hedge cutting on all the sites.

The sewers themselves need regular attention by rodding and flushing out, if trouble is to be avoided. Blockages and silting up can and do occur, and regular attention to the sewers can reduce this to a negligible degree. By the time the Ellingham/Kirby Cane, Gillingham, and Norton/Thurlton schemes are completed I forecast that three full time sewerage operatives will be required for the efficient and correct operation and maintenance of the works, pump stations and machinery.

REFUSE COLLECTION AND DISPOSAL

In 1957 a comprehensive kerbside refuse collection was put into operation serving all parishes once fortnightly, with the exception of Loddon and Chedgrave which have a weekly collection.

Since that date, however, over 320 new dwellings have been constructed, road lay-byes and river holiday craft have increased in number. Added to this the refuse bulk has increased nationally due to new methods of packaging and

REFUSE COLLECTION AND DISPOSAL.

continued

the gradual disappearance of solid fuel fires.

During the year 695 loads were collected, which is approximately 12,500 cubic yards of refuse, or just over 1 cubic yard of refuse per person per annum. The fortnightly average was 26.75 loads compared with 25.5 loads in 1961 and 23 loads in 1958 when the records were started. This shows a gradual increase over five years to 1,736 cubic yards of refuse collected.

This increased refuse caused the Council to examine the existing service and resulted in the purchase of a mechanical shovel and Bergh Apton Pit where all refuse can be tipped and covered, giving 100 per cent controlled tipping. In addition to this a garage for the mechanical shovel has been constructed. Investigation was also carried out into the question of the purchase of a new vehicle of larger capacity. As a result of demonstrations and investigation a report was presented to the Council in February 1963 when it was recommended that the new machine be ordered for delivery in the Autumn of 1963. The present machine will then act as a standby vehicle in case of breakdown and during national holidays. A new garage block to house these vehicles will be needed and plans for this are in preparation at the time of writing this report.

Litter notices were again issued to all schools and parish councils. This is a relatively tidy area but the Broad and rivers still suffer from indiscriminate tipping in those parts inaccessible to the collection vehicle. Although there has been an increase in the number of riverside bins there is more refuse produced than is and can be collected from these bins, consequently a large quantity is deposited along the river banks. As advocated in previous reports I wish to stress again the need for collection of refuse by river, such collection to be organised by the Norfolk County Council or by one of the River Authorities.

Number of Visits 166

SUPERVISION OF FOOD SUPPLIES

(1) Meat Inspection.

100 per cent meat inspection was again carried out.

(1) Meat Inspection continued.
CARCASES AND OFFALS INSPECTED AND CONDEMNED IN WHOLE OR PART.

Details.	Cattle.	Calves.	Pigs.	Sheep.
Number killed.	151	Nil	7	Nil
Number inspected.	151	Nil	7	Nil
All diseases except tuberculosis				
(a) Where whole carcase is condemned.	Nil	Nil	Nil	Nil
(b) Carcase of which some part or organ was condemned.	5	Nil	Nil	Nil
(c) Percentage of inspected number affected with disease other than T.B.	3.3	Nil	Nil	Nil
Tuberculosis only.				
(a) Whole carcase condemned.	Nil	Nil	Nil	Nil
(b) Carcase of which some part or organ was condemned.	2	Nil	Nil	Nil
(c) Percentage of inspected number affected with T.B.	1.3	Nil	Nil	Nil

The following condemnations were made and surrendered voluntarily :-

Animal.	Organ.	Condition.
Beast.	3 Livers.	Abscess.
Beast.	1 kidney.	Abscess.
Beast.	1 Liver.	Flukes (Distomatosis)
Beast.	2 Mesenteric Fats.	Tuberculosis

(2) Inspection and Condemnation of Other Foods.

The services of the Public Health Department were required in the examination of certain foods and resulted in the condemnation of :-

Tinned Ham 68 lbs. 12 ozs.
Tinned Stewed Steak 1 lb. 15 ozs.

(3) Milk Supplies.

The Norfolk County Council now administers the duties under this heading. Loddon and District is a special designated area for milk and as such only milk bearing a special designation may be sold, i.e. tuberculin tested, pasteurised or sterilised.

(4) Ice Cream.

All Ice Cream sold in this area is pre-packed and produced by one or other of the major national manufacturers, with one exception. In this case Ice Cream is produced on farm premises and is sold loose from special refrigerated vans which are supplied with wash-hand basins, hot water, soap and towels. The premises are inspected regularly and are of a high hygienic standard. All equipment is checked including recording thermometers and charts.

All premises selling Ice Cream have to be registered under the Food & Drugs Act, 1955.

New premises registered	4
Existing registered premises ..	38
TOTAL :	<u>42</u>

Samples of loose and prepacked Ice Cream were taken and submitted to the Public Health Laboratory for examination.

The results obtained were :-

Grade I ,,,,,,,,,,	14.	(Highly satisfactory)
Grade II	1.	(Satisfactory)
Grade III	0.	(Poor)
Grade IV	0.	(Bad)
Grade V	0	(Bad)
TOTAL :	<u>15</u>	

(5) Slaughterhouses and Knackers Yards.

There are two licensed Knackers Yards and one licensed Slaughterhouse in the area. There are sixteen men licensed to slaughter animals in the district.

Frequent visits are made to these premises to ensure that they are well maintained.

Number of visits 84.

(6) Food Premises.

The number of food premises is made up as follows :-

General Stores	55
Butchers Shops	5
Fish & Chip Shops	4
Bakeries	2
Hotels	3
Public Houses	<u>46</u>
	<u>115.</u>

(6) Food Premises. continued

Although the basic requirements exist for compliance with the Food Hygiene Regulations constant improvement is taking place throughout the district, as circumstances alter the trading of particular premises.

Public Houses are still in the process of providing better toilet facilities for the public.

Number of Visits 136.

R O D E N T C O N T R O L .

One Rodent Operator carried out surveys, inspections and treatments of the villages, some farms and trade premises, the Council refuse tips, sewerage works and sewers.

Type of property.	No. of Inspections
Local Authority.	21
Dwelling Houses. (Including Council Houses)	3,454
Other premises (Including business premises)	60
Agricultural.	295
TOTAL INSPECTIONS :	3,830.

Annual returns are submitted to the Ministry of Agriculture, Fisheries and Food giving full details of the work, including a separate report on sewer treatment. The sewers in Ditchingham were "test baited" but "no takes" were recorded.

I N F E C T I O U S D I S E A S E .

Ten visits were made during the year into reported cases of :-

Scarlet Fever	5	} With particular reference to food handlers.
Food poisoning	3	
Para-typhoid	2	

F A C T O R I E S A C T .

There are 69 Factories in the area, including those without mechanical power. No new factories have been built, but extensions to existing premises have been made.

There are seven outworkers in the area, six of whom are engaged in the manufacture of wearing apparel.

-----oOo-----

The following is a summary of the main inspections and visits carried out :-

Sewage Works, Sewer connections, etc	414
Drainage inspections and tests	301
Nuisance Visits	14
Nuisances abated	12
Building Byelaws	703
Building miscellaneous	69
Improvement Grants	210
Standard Grants	151
Town Planning	91
Petroleum Regulations	16
Rodent Control	81
Water Supplies	216
Miscellaneous Visits	115

In conclusion I would like to thank the Members of the Council and the Public Health Committee for their interest and support, also Dr. W.E.Holmes, the Medical Officer of Health, and other members of the staff, for their help and co-operation.

I am, Madam, Chairman, Ladies and Gentlemen,

Your obedient servant,

K.S.STARLING.

M.R.S.H.,M.A.P.H.I.,M.I.P.H.E.,M.I.H.

